

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9489 63-038120
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED SEP 26 1963

VS 300
Rev. 4/59

1

24002

3

4

5

6

7

8

9

10

11

12

13

86

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---------------------------|---|-----------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis | | c. CITY OR TOWN Clayton | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Parkside Manor Nurs. Home | | d. STREET ADDRESS (If outside, give location) 743 Wenneker Dr. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last SIGMA B. VICTOR | | 4. DATE OF DEATH Month Day Year SEPT. 21st, 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/22/12 |
| 9. AGE (last birthday) 51 | | 10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) St. Louis Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Henry Blath | | 13b. MOTHER'S MAIDEN NAME Hannah Guckenheim | |
| 14. NAME OF HUSBAND OR WIFE Stanley D. Victor | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK. | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Stanley D. Victor 743 Wenneker Dr. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain tumor, metastatic adenocarcinoma (operated) DUE TO (b) adenocarcinoma, left breast (operated) DUE TO (c) 170X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH 9 mo 3 yr | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from June 6, 1961 to Sept 21, 1963 and last saw her alive on Sept 21, 1963 Death occurred at 6:30 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Joseph B. Rindskopf, M.D. | | 22b. ADDRESS 4511 Forest Park Road St. Louis Mo | |
| 22c. DATE SIGNED 9/23/63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 23b. DATE 9/24/64 | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis County Missouri | | 24. FUNERAL DIRECTOR HERMAN RINDSKOPF INC. 5216 DELMAR | |
| 25. DATE RECD. BY LOCAL REG. SEP 23 1963 | | 26. REGISTRAR'S SIGNATURE Rosal Smith, M.D. | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Peter Bedulouelle

Licensed Embalmer No. 3691

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.